



STATE
OF
GEORGIA

Application for
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

PAGE
1

1. Application Date Feb. 18, 1975	INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE	
2. Agency Application No. DHR-DBP-17		Date Received MAR 10 1975	Application No. 75-91 Date Completed APR - 9 1975
3. AGENCY, Division, Subdivision & Administering Office Address Dept. of Human Resources Division of Benefits Payments Medicaid Unit 47 Trinity Ave., SW Atlanta, Ga. 30334		4. Person to Contact Joe Kimbrough	
		5. Working Title Staff Supervisor	6. Tel. No. 656-4700

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD;
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series 1967 - present	9. Exact Series Title MEDICAID SUPPLEMENTARY MEDICAL INSURANCE REPORT FILE SUPPLEMENTARY MEDICAL INSURANCE REPORT FILE
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10. What is the function of the office in which this record series is created?

The Division of Benefits Payments is responsible for supervising and regulating assistance programs which provide to indigents in the State food and monetary assistance and/or medical care.

The Medicaid Section has the responsibility to review for accuracy and approve for payment to State physicians, hospitals, rental agencies, ambulance services, nursing homes, and home health agencies, all Medicaid claims filed for reimbursement for services rendered to welfare recipients in the State of Georgia; and to answer inquiries and correspondence regarding Medicaid claims.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to determining eligibility of Medicare (federally-funded and operated programs) recipients for supplemental Medicaid assistance (state-operated programs).

Included are Computer Output Microfilm identifying name of recipient, case number, (assigned by County Family and Children Services Offices), recipient's vital statistics, Social Security Administration claim number, client's social security number, submission of eligibility request date, recipient's eligibility status (deceased, financial self-sufficiency, etc.), payment status, date of birth and file date coding assigned by Social Security Administration. This information is compiled monthly; twelve monthly reports are compiled into an annual report. Files are arranged chronologically by month of report; thereunder alphabetically by name of recipient's name.

ATTACH SAMPLES OF THE FILE

12. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers				24 Microfilm Reels	
Legal-size File Drawers			Floor Space Occupied (Square Feet)	In Office(s)	In Storage Area(s)
20-Tier Cartridge Holder				7	
			AVERAGE DAILY REFERENCES	This Year's	Last Year's
				25	1
					1
					1

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain.

- | | | YES | NO |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 13. Is this the Record Copy of the series? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Is there a duplication of this series in another office or agency?
Reference copies are sent upon request to Public Assistance Office. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Is the information contained in this series ever summarized or published?
Attach copy of summary or publication. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Does the series contain classified information requiring security handling? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Does the series initiate, amend or terminate agency policies and procedures? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Could the function be performed if the files were lost or destroyed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why?
COM Easier reference accessibility with microfilm as opposed to hard copy. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Does the record series provide data as input to an EDP file? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21. Does the record series contain documentation produced as EDP printout? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files? See item #24. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

24. REQUIREMENTS. The following requires the files to be kept 5 years.

a. ☐ STATE ☐ STATUTE OF ☐ AUDIT ☐ FEDERAL ☐ ADMINISTRATIVE ☐ HISTORICAL
 LAW ☐ LIMITATION ☐ PERIOD OF ☐ LAW ☐ DECISION ☐ VALUE

(Cite Law, Statute, or other reason for the retention requirement)

SEE ATTACHED SHEET

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☐ CALENDAR YEAR ☐ FISCAL YEAR ☒ OTHER _____, then:

- ☐ Hold in the current files area _____ month(s)/_____ year(s):
- ☐ Transfer to ☐ State Records Center ☐ Local Holding Area; hold _____ year(s):
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Destroy immediately after cut-off.
- ☒ Other: (Specify) _____
- Supplementary Medical Insurance Monthly Report Files (COM) - Destroy upon receipt and verification of Annual Updated Report.
- SEE ATTACHED SHEET
- Security Supplementary Medical Insurance Annual Report Files (COM) - Cut off files at end of each calendar year; then transfer to State Records Center; hold 5 years; then destroy.
- NOTE: These files may not be destroyed until all audit questions are resolved.
- (Indicate briefly rationale for recommendations above/or write additional remarks):

SEE ATTACHED SHEET

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>William H. Cas</i>	<i>Feb 24 1975</i>		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Joe Kimbrough</i>	<i>2-19-75</i>
	State Auditor/Designee <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>William M. Ryan</i>	<i>4-8-75</i>
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Conrad Hart</i>	<i>4-4-75</i>
	Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Robert Steel</i>	<i>4-9-75</i>